

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/599398*

FILING DATE

*12 JUL 2007*

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	<i>2</i>		<i>6</i>			
TOTAL DEP.	<i>31</i>	<i>43</i>				
TOTAL CLAIMS	<i>33</i>	<i>49</i>				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
61					/	
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						